

Medicaid Administrative Claiming (MAC) School Time Study Sheet

Please review pages 3-4 for detailed instructions for completing this form.

DATE OF TIME STUDY
(MM/DD/YY):

STAFF NAME (PRINT)

JOB TITLE

TOTAL PAID TIME FOR
DAY

SCHOOL DISTRICT

SCHOOL BUILDING

SCHOOL BUILDING #

Time Study Activity Codes And Descriptions

Total Time: Recorded in 15 minute increments: .25, .50, 1, 1.25

Tick Marks: Recorded as one mark per 15 minute increment

TICK
MARKS

TOTAL
TIME

Code 3
Educational School
Related Activities

Paid time for regular assigned duties, teaching, extra-curricular activities, 504 plan activities, IEP development, coordinating/monitoring IEPs, discipline, evaluating curriculum or instruction, career guidance, completing the Time Study Sheet and general supervision of students.

Code 4
Direct Medical
Services

Paid time for provision of care, treatment/patient follow-up, counseling services, related administrative/clerical activities, charting and direct medical services related travel.

Code 10
System Support or
Personal Time

Paid time for: staff meetings, breaks, lunch, vacation leave, sick leave and MAC Time Study Training. (Time spent completing the Time Study Sheet is recorded to Code 3)

Detailed Narratives Or Backup Documentation Are Required For All Reimbursable (B) Activity Codes.

Narrative descriptions must describe in detail, what activity was being performed and how it relates to Medicaid. Narratives must clearly describe why the activity was being performed and who was involved. Referral activities should specifically state who or where a referral was made to, and coordination activities should clearly explain what services were being coordinated and specifically state who was involved. Backup documentation to support your activity should be attached to this form, or clearly describe where the documentation can be found.

TICK
MARKS

TOTAL
TIME

CODE 1
Outreach

A

B

CODE 2
Facilitating
Application

A

B

CODE 5
Arranging
Transportation

A

B

The time study participant **must** certify the information on this page is accurate and true by initialing and dating here:

| | | | | |
|---|----------|--|--|--|
| CODE 7 Program Planning, Policy Development, and Interagency Coordination | A | | | |
| | B | | | |
| CODE 8 Training (Participation and Coordination) | A | | | |
| | B | | | |
| CODE 9 Referral, Referral Coordination | A | | | |
| | B | | | |

Total Time

Total time includes *all* time recorded for *all* activity codes (1-10) and must equal your total paid time for the day.

TIME STUDY PARTICIPANT CERTIFICATION:

This Time Study Sheet represents 100% of the activities that I performed during paid time on the "Date of Time Study" above. I did not alter my normal routine for the time study. I have provided a detailed narrative and/or have backup documentation that adequately supports all reimbursable (B) activities recorded on this form. I completed this form in its entirety; no one else completed this form for me. **NOTE: Sign and date within 5 days of time study day and submit to supervisor.**

STAFF SIGNATURE _____

DATE _____

COORDINATOR/SUPERVISOR TIME STUDY SHEET REVIEW AND CERTIFICATION

This Time Study Sheet must be reviewed and signed by the coordinator/supervisor within **10 days of time study day**. The Time Study Sheet must be in compliance with Medicaid Administrative Claiming program guidelines before being submitted for reimbursement. **Please check all boxes that apply.**

☐ I reviewed this Time Study Sheet, and it is in compliance with Medicaid Administrative Claiming program guidelines.

Signature _____ Date _____

☐ I reviewed this Time Study Sheet and it is being returned to the participant to make the necessary corrections.

Signature _____ Date _____

☐ I reviewed the corrected Time Study Sheet and it is now in compliance with Medicaid Administrative Claiming program guidelines.

Signature _____ Date _____

☐ I did not receive the Time Study Sheet with the corrections for the following reasons; therefore, the total time for this time study sheet is re-assigned now to Code 3 in the time upload to the automated system.

☐ Participant left this School District

☐ Participant is in a long term leave

☐ Other _____

Signature _____ Date _____

ACTIVITY CODE IDENTIFIERS AND ACTIVITY DESCRIPTIONS

- **Code 3 – EDUCATIONAL SCHOOL RELATED ACTIVITIES** – Paid time for regular assigned duties, teaching, extra-curricular activities, 504 plan activities, IEP development, coordinating/monitoring IEPs, discipline, evaluating curriculum or instruction, career guidance, completing the Time Study Sheet and general supervision of students.
- **Code 4 – DIRECT MEDICAL SERVICES** – Paid time for provision of care, treatment/patient follow-up, counseling services, related administrative/clerical activities, charting and direct medical services related travel.

GENERAL ADMINISTRATION ACTIVITIES

Code 10 –SYSTEM SUPPORT OR PERSONAL TIME – Paid time for: staff meetings, breaks, lunch, vacation leave, sick leave and MAC Time Study Training. (Time spent completing the Time Study Sheet is recorded to Code 3.)

PARALLEL CODING ACTIVITIES

OUTREACH ACTIVITIES

- **Code 1a** – Paid time to inform students/families about social/vocational/educational programs, general health education, wellness and prevention programs, and IDEA and Child Find activities.
- **Code 1b** – Paid time to inform students/families about Medicaid and Medicaid managed care and encourage access to Medicaid.

FACILITATING APPLICATIONS

- **Code 2a** – Paid time to explain eligibility process and how to apply for social/vocational/educational programs like IDEA, TANF, food stamps, WIC, reduced/free meals, day care or legal aid.
- **Code 2b** – Paid time to explain and assist students/families with the Medicaid application process and/or verify current Medicaid status.

TRANSPORTATION

- **Code 5a** – Paid time scheduling or arranging transportation not in support of Medicaid covered services (e.g. social, vocational, and /or educational programs or activities).
- **Code 5b** – Paid time to schedule or arrange transportation to Medicaid covered services through the Medicaid Transportation Broker (<http://www.hca.wa.gov/medicaid/transportation/Pages/index.aspx>).

PROGRAM PLANNING, POLICY DEVELOPMENT AND INTERAGENCY COORDINATION

- **Code 7a** – Paid time to improve coordination/delivery/planning for non-medical services (e.g. social, vocational, state mandated child health screening, policy development) for school aged children.
- **Code 7b** – Paid time to improve coordination/delivery/planning of medical/dental/mental health/chemical dependency/family planning services to children.

TRAINING (PARTICIPATION IN OR COORDINATION)

- **Code 8a** – Paid time for coordination of or participation in training to improve delivery and referral to non-Medicaid services like IDEA/Child Find activities/programs.
- **Code 8b** – Paid time for the coordination of or participation in training regarding the benefits of Medicaid, Medicaid eligibility, assisting families to access services, and how to more efficiently refer students for services. **Note:** Training on completing the MAC Time Study Sheet and the time study process should be recorded under Code 10.

REFERRAL, COORDINATION

- **Code 9a** – Paid time for referrals for non-medical services or state education agency mandated child health screens (free care) e.g., vision, hearing or scoliosis services.
- **Code 9b** – Paid time for referrals to, coordination of, gathering information for, or monitoring of, referrals for Medicaid medical, dental, mental health, chemical dependency prevention, and family planning services outside of school based health services.

DIRECTIONS FOR TIME STUDY PARTICIPANTS

Read the Participant Certification before completing the Time Study Sheet. Use ink to complete the form. Do not use pencil or white out. Do not use name stamps in place of signing the form. If a correction is needed, use one line to strike through the incorrect entry and initial and date the correction. Only complete the time study for the randomly selected day indicated. Do not change your normally scheduled activities (This is important to the accuracy and validity of the time study).

All time study activity entries above the participant's signature must ONLY be entered by the time study participant.

- If the time study day is a non-contracted day for you, write "non-contracted day" across the form and do not complete the form.
- The left hand column of the form provides the activity code and a brief description. Details of the activity codes are listed above.
- You may use the Tick Mark column to help you track the amount of time you spent performing each activity. **Each tick mark represents a consecutive 15-minute increment of time.** You must spend at least 7 ½ consecutive minutes doing the same activity in order for you to record it on the time study sheet as a 15-minute increment.
- For all reimbursable (B) activities, you must provide a legible narrative description that describes in detail, what activity was being performed and how it relates to Medicaid. Narratives must clearly describe why the activity was being performed and who was involved. Referral activities should specifically state who or where a referral was made to, and coordination activities should clearly explain what services were being coordinated and specifically state who was involved.
- HCA recommends all reimbursable (B) activities have supporting backup documentation. Please attach the documentation to this form, or clearly describe where the documentation can be found. Backup documentation must describe what activity was performed, why it was performed, how it relates to Medicaid, who was involved, and must be kept on file and available for the required six (6) year retention period for the quarter claimed.

To complete the form:

- ✓ Ensure all headers are complete and accurate
- ✓ Count all time recorded in each activity code and complete the Total Time box
- ✓ Verify each reimbursable (B) activity has a detailed narrative and/or backup documentation
- ✓ Initial and date page one, sign and date page 2
- ✓ Return it to your supervisor for their review within 5 days of time study day
- ✓ Supervisors must complete their review within 10 days of the time study day

Examples of Time Study Narratives

| | |
|--|---|
| Code 1b Outreach | <p>Insufficient:</p> <ul style="list-style-type: none"> Gave parent information on available health services Talked to student about access to care <p>Sufficient:</p> <ul style="list-style-type: none"> Provided (76298 or RK), who is pregnant and does not have medical coverage, with information about Maternity Support Services. Informed the parents of a new student about Medicaid Apple Health services and encourage them to apply for coverage. During parent/student/teacher conference, learned family does not have medical coverage. Encouraged the family to apply through the health benefit exchange website. |
| Code 2b Facilitating Application | <p>Insufficient:</p> <ul style="list-style-type: none"> Helped fill out application <p>Sufficient:</p> <ul style="list-style-type: none"> Assisted (76298 or RK)'s mother to complete a Medicaid application because the student needs a well-child exam and does not have medical coverage. Assisted student's family in locating an in-person assister for help filling out an Apple Health web-application. |
| Code 5b Arranging Transportation | <p>Insufficient:</p> <ul style="list-style-type: none"> Transportation for medical issue <p>Sufficient:</p> <ul style="list-style-type: none"> Called Medicaid transportation broker to arrange (76298 or RK)'s transportation to a behavioral health appointment with Catholic Community Services. |
| Code 7b Program Planning, Policy Development, Interagency Coordination | <p>Insufficient:</p> <ul style="list-style-type: none"> Attended meeting on coordination of health services <p>Sufficient:</p> <ul style="list-style-type: none"> Meeting with Evergreen alcohol/drug treatment facility to discuss referral process for students with drug or alcohol problems. Meeting with local in-person assister organizations to discuss referral process for students who need assistance with applying for apple health through HBE. Meeting with school counselor, principal, and Compass Mental Health services to discuss strategies for improving student access to mental health services. Meeting with Chelan county health departments to develop strategies to improve pregnant student's access to medical services. |
| Code 8b Training | <p>Insufficient:</p> <ul style="list-style-type: none"> Attended training on health issues Attended training on prevention of lice outbreak in schools <p>Sufficient:</p> <ul style="list-style-type: none"> School nurse provided training on what information to give to families and students in order to apply for Apple Health through the health benefit exchange. Attended training provided by a Pioneer Family Practice on the process for referring Medicaid eligible students for well-child exams. |
| Code 9b Referral, Coordination | <p>Insufficient:</p> <ul style="list-style-type: none"> Provide information to other staff on students' mental health. Monitor mental health substance use and abuse. Gathered information for health concerns. Participated in a meeting to discuss medical concerns. Referred students for medical concerns. Reviewed medical/mental health progress. Observed student for medical issues Spoke with student regarding vision Coordination of mental health referral with divorced parents Gathered information that may be used in a potential health related issue ADHD list for school nurse Assisted family with medical and mental and physical updates Discussed mental health and behavior Review with assistant on student behavior plan. Talked with administration on medical needs and social needs <p>Sufficient:</p> <ul style="list-style-type: none"> Gathered information to make a referral for (76298 or RK) for a substance abuse evaluation with Evergreen treatment facility. Contacting parent to discuss student's mental health related concerns in the classroom and gather more information on past history to make a possible referral to Evergreen mental health. Referred (76298 or RK) to Delta dental clinic because student complained of a toothache. Student complained of difficulty seeing whiteboard, called parent to suggest scheduling a vision exam. Coordinating with school nurse and counselor to discuss student's behavioral issues in the classroom to gather information to refer to Olympia behavior health center. Student approached me to ask about how to obtain family planning services. I referred the student to Planned Parenthood. Met with school nurse and provided health information observed related to a student in my class who seems to be lethargic, and has difficulty concentrating. I explained I have concerns the student may have possible substance abuse issues and developed a plan to continue observing the student's behavior and report back to the nurse once a week. Followed up with school nurse regarding a referral to Delta dental clinic for a student who continues to complain of a toothache. |